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ABSTRACT

School administrators and physical education teachers are provided with guidelines for initiating physical education programs for the handicapped. Concrete administrator and teacher strategies are recommended. Implications of mainstreaming for administrators and teachers are discussed, and implementation of a plan of action is outlined. The following major suggestions are made: (1) form an interdisciplinary advisory council to determine needs; (2) develop a plan for identifying existing pupil needs and assess the present status of the identified population; (3) construct a plan of action in terms of organizational and administrative constraints; (4) establish a developmental and adapted physical education program schedule; (5) revamp curriculum content to reflect a student-centered approach; (6) revise intramural and athletic programs; (7) plan and initiate an inservice program for staff; (8) emphasize parental cooperation; and (9) maintain good public relations with the community. (JD)

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# GUIDELINES FOR COMPLYING WITH PUBLIC LAW 94-142 AND SECTION 504 OF THE REHABILITATION ACT OF 1973

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## INTRODUCTORY REMARKS

During the past two years, physical educators have been inundated with mandates from a variety of sources relative to providing equal physical education experiences for all students. Terms such as "written I.E.P.'s," "the least restrictive environment," "mainstreaming" and "due process of parents" have become part of our educational jargon.

Unfortunately, most of the information provided to date has dealt with the "why" of the problem. Expectation of "what" we are to provide has been made thoroughly clear. Insufficient assistance has been provided in terms of "how" we are to resolve the problem. As practitioners, we need some specific, realistic guidelines for complying with the federal mandates. And that is the intent of my presentation - to provide one approach which will assist school districts in complying with P.L. 94-142 and Section 504. To accomplish this task, I shall address myself to three topics:

1. Implications for administrative personnel
2. Implementation of a plan of action
3. Implications for physical educators

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## IMPLICATIONS FOR ADMINISTRATORS, SUPERVISORS AND DEPARTMENT CHAIRPERSONS

### Conduct a Needs Assessment

One reason our requests are seldom "honored" is that we do not do our "homework." Rather, we will demand (the "in" thing today), or state that we need more staff members, supplies, etc. (Remember: The "power structure" is constantly badgered from all sides. And all requests are for additional monies which must be appropriated from limited resources.)

What is recommended is that our requests be accompanied by concrete documentation of need. Thus, we must identify the problem or problems that exist. This vital needs assessment can be consummated by the P.E. leader if the following strategies are initiated.

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Form an interdisciplinary advisory council. A "key" to success is the involvement of all individuals who are part of the decision-making process. Thus, the Council should include: the school physician, nurses, adapted P.E. and S.E. teachers, the Director of

Special Services, The Guidance Director, all building principals, parents of the handicapped. The Council should be "chaired" by the P.E. administrator. The functions of the committee are to oversee and provide recommendations related to the establishment of a Developmental and Adapted (D&A) P.E. program.

Develop a plan for identifying existing pupil needs. Establish a procedure for procuring the following information:

. The number of MR's, LD's, ED's and SM's in the district. (Special Services has the information readily available.)

. Those students with medically-oriented problems, that is:

- postural abnormalities
- nutritional deficiencies
- breathing problems
- visual and/or auditory problems
- orthopedic limitations
- the post-operative or convalescent

(The school nurses have this information readily available.)

. Students with developmental needs - motor, perceptual-motor or physical fitness.

(Note: Utilization of this procedure will result in the identification of a minimum of 10% of your student population who will be in need of D&A involvement - strong ammunition for a Board presentation.)

Assess the present status of the identified population. The next step in the process is to determine the specific need(s) of each student. This assessment data can be gathered by:

. Reviewing test results

. Securing and/or developing and administering needed assessment tools

. Conferences with teachers, parents and students and the medical profession

. Reviewing medical and academic records

Determine other needs. The meeting of learner needs will require the consideration of other contributing factors, that is, factors that are tantamount to the success of the ultimate plan of action. Past experience indicates such needs include:

. The modification of curricula offerings so that they provide information about the learner.

. The planning of schedules for D&A and regular programming

. The planning for staff inservice needs. At least two types of inservice are needed:

  - all staff - general orientation related to behaviors and characteristics manifested by the handicapped population

  - adapted P.E. specialists - in depth training for establishing a comprehensive, individualized program for any handicapped student

. Adjustments in terms of personnel, supply, equipment and facilities

. The initiation of a pervasive public relations campaign

Prioritize a plan of action in terms of organizational and administrative constraints. The procedure: list pupil needs in order of priority; reflect upon constraints; and identify those goals that can be achieved.

Submit plan of action to superiors. The success of subsequent efforts is contingent upon administrative and Board support. To elicit their support, provide them with all information garnered. (This report should be approved by your Advisory Council.) The report shall include:

. The number of students identified (by handicapping condition(s))

. The existing performance level of said students

. A specific plan of action for improving pupil performance

. Existing constraints which make certain goals unattainable

(Note: Underscore those priority needs which cannot be rectified because of organizational and administrative problems. By so doing, the onus for lack of compliance will be placed on the appropriate decision-maker(s).)

Implement the Plan of Action

The program implemented will be dependent upon the plan approved by the Board of Educatión. However, regardless of the final plan approved, the following imperatives must be acted upon:

Imperative: establish a D&A schedule. Rationale: Provide the alternate approach that is necessary to comply with the "least restrictive environment" mandate.

Imperative: revamp curriculum content to reflect student-centered approach. Rationale: Provides the accountability information necessary for writing I.E.P.'s, determining learning progress and gaining school-community support.

Imperative: revise intramural and athletic programs. Rationale: Inclusion of programs for the handicapped will comply with Section 504 requirements.

Imperative: plan and initiate an inservice program for staff members. Rationale: Most practitioners in the field were inadequately prepared to teach physical activity to handicapped students.

Imperative: prepare and initiate I.E.P.'s in concert with parents. Rationale: Provides compliance with P.L. 94-142 and engenders parental support.

Imperative: conduct an all-encompassing P.R. campaign. Rationale: A Developmental and Adapted P.E. program will not be successful unless we "sell" the values of physical activity to the various school-community publics.

## IMPLICATIONS FOR PHYSICAL EDUCATORS

In the final analysis, all educational decisions and strategies are of no import if they do not result in enhancing the lot of the student. And, the teacher is the most important change agent. Thus, the success of our physical education program for handicapped students is dependent upon the professionalism, dedication and enthusiasm of the physical educator. The following considerations are essential prerequisites if we are to effect quality education.

### Change in Personal Commitment

The presentor has frequently heard physical educators remark that they do not want to teach the handicapped. That teaching the handicapped is solely within the province of the special education teacher.

In response to those individuals who advocate that position, my retort is balderdash! As physical educators we are certified to teach physical activity to all children. (I have, yet, to review certification requirements which exclude the handicapped.) We have no choice in the matter - we must accept our obligation. To do otherwise is to invite loss of our teaching position for insubordination.

A reordering of our priorities is necessary. Educational institutions were conceived to meet the needs of students. Teachers were hired to effect the necessary changes. Therefore, all of our efforts must be directed toward providing quality instructional programs for our students, rather than teaching schedules based on our interests and desires.

### Need for Continuing Education

Educational priorities are a reflection of societal changes which, in turn, necessitate modifications in school offerings and staff training. The demand for quality education for all students and accountability necessitates that we "retool" ourselves. Two deficiencies that need remediation immediately are our lack of

diagnostic-prescriptive teaching-learning strategies and our general inability to teach the handicapped.

Need to Become a One-person P.R. Ambassador for the Profession

Many of our teachers are providing quality P.E. programs for the handicapped, but they are not conveying this information to our many publics. Their constant lament is that they are "too busy." In laymen's terms, - that's a "cop-out." We cannot afford the extravagance of not "selling" our programs.

SUMMARY

During the brief time alloted, the presentor has endeavored to provide administrators and practitioners with some guidelines for initiating exemplary physical education programs for the handicapped. Concrete administrator-teacher strategies were recommended for consideration.

The accomplishment of our common goal is not easy. It will require a concerted effort of all in our profession. However, I say to you in all frankness, that the establishment of a quality physical education program for all students in our respective school districts could well be the catalyst that reverses the existing national trend - the reduction of our programs and personnel. The direction we take is up to you.

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